



Blue Cross and Blue Shield of Nebraska Prior Authorization List

As part of Blue Cross Blue Shield of Nebraska's (BCBSNE) prior authorization (preauthorization) and utilization management programs (also referred to as precertification), the following services and procedures require prior authorization:

- All acute inpatient admissions and inpatient observation (submit through the provider portal)
- Precertification for a total hip or total knee inpatient stay will be required starting March 1, 2022. Precertification is not required in the outpatient setting. EHA (ID Prefix EHN, MUD (ID Prefix MET), BCBSNE Employees (ID Prefix NEQ), and Individual ACA (ID Prefix YST or YNQ) will require preauthorization for the surgery.
- Skilled nursing facility, acute rehab, long term acute care and hospice
- Home health care services (skilled nursing visits and hospice)
- Non-Emergent Air Ambulance
- Please refer to MedPolicy Blue at **medicalpolicy.nebraskablue.com** to determine whether a treatment or service requires prior authorization.
- The preauthorization process has been streamlined which may offer the provider an automated approval at the time of the preauthorization submission. This process may be used for both **medical** and **pharmacy** preauthorization submissions.
- Here are a few helpful tips to improve your experience:
 - Search by procedure code or keyword. Make sure you are clicking on the correct "find policies by" button before clicking "Search"
 - Make sure you are choosing the correct policy as there may be more than one policy pertaining to the code or keyword. Choosing the incorrect policy may result in an unnecessary denial
 - Attaching medical records will help avoid additional requests for both Medical and Pharmacy policies
- Medical policy and updates are also available online at:
<https://www.nebraskablue.com/providers/policies-and-procedures/medical-policies>
- The following services or procedures, to determine medical necessity, using InterQual® criteria:
 - Biventricular pacemaker
 - Biventricular pacemaker with implantable cardioverter-defibrillator (ICD)
 - Breast reductions
 - Carotid angioplasty/stenting
 - Deep brain stimulation
 - Gastric stimulation
 - Hysterectomies
 - Left ventricular assist device
 - Kyphoplasty/vertebroplasty
 - Radiofrequency ablation/cryoablation for renal
 - Radiofrequency ablation and transarterial chemoembolization for liver (TACE)
 - Sinus surgery
 - Sleep studies (adult/pediatric)
 - Spinal stimulation
 - Subcutaneous prophylactic mastectomy (breast cancer)
 - Surgery for morbid obesity (adult/adolescent)
 - Vagal nerve stimulation

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- Lumbar and cervical fusions, microdiscectomies and lumbar decompression require prior authorization through NIA Magellan at **radmd.com**.
- Interventional pain management (facet injections, epidural injections, and facet neurolysis) require prior authorization through NIA Magellan at **radmd.com**.
- CT, MRI, PET scans and SPECT scans require prior authorization (through the provider portal).

MEDICAL POLICIES REQUIRING PREAUTHORIZATION*

POLICY NUMBER	POLICY NAME
I.0	PROCEDURES MEDICAL REVIEW
I.91	CARDIAC HEMODYNAMIC MONITORING IN THE MANAGEMENT OF HEART FAILURE IN THE OUTPATIENT SETTING
I.101	PROLOTHERAPY
I.105	ELECTRICAL STIMULATION OF MUSCLES AND NERVES
I.121	PARASPINAL SURFACE ELECTROMYOGRAPHY (EMG) TO EVALUATE AND MONITOR BACK PAIN
I.129	VIRTUAL COLONOSCOPY / COMPUTED TOMOGRAPHY COLONOGRAPHY
I.133	DUCTAL LAVAGE OF THE MAMMARY DUCTS
I.134	DERMATOSCOPY
I.137	FECAL ANALYSIS IN THE DIAGNOSIS OF INTESTINAL DYSBIOSIS
I.139	WIRELESS CAPSULE ENDOSCOPY IN OBSCURE DIGESTIVE TRACT BLEEDING
I.147	OPIOID ANTAGONISTS UNDER HEAVY SEDATION OR GENERAL ANESTHESIA AS A TECHNIQUE OF OPIOID DETOXIFICATION
I.155	CARDIAC EVENT MONITORS AND OUTPATIENT CARDIAC TELEMETRY
I.167	TARGETED PHOTOTHERAPY FOR PSORIASIS
I.170	MANIPULATION UNDER ANESTHESIA FOR TREATMENT OF CHRONIC SPINAL OR PELVIC PAIN
I.171	INTRAVENOUS ANESTHETICS FOR THE MANAGEMENT OF CHRONIC PAIN
I.174	NEUROFEEDBACK
I.175	AUTOMATED POINT OF CARE NERVE CONDUCTION TESTING
I.178	AUTISM SPECTRUM DISORDERS
I.179	CATEGORY III CODES
I.180	INGESTIBLE PH AND PRESSURE CAPSULE
I.181	AUTOLOGOUS EYE DROPS
I.183	NONCONTACT ULTRASOUND TREATMENT FOR WOUNDS
I.184	CLINICAL TRIALS
I.185	SUBLINGUAL ALLERGY THERAPY
I.186	BIOIMPEDANCE DEVICE FOR DETECTION AND MANAGEMENT OF LYMPHEDEMA
I.187	LOW LEVEL LASER THERAPY
I.188	NEGATIVE PRESSURE WOUND THERAPY
I.190	TOTAL PARENTERAL NUTRITION (TPN)

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I.192	CORNEAL COLLAGEN CROSS-LINKING
I.193	BREAST PROSTHESIS
I.195	BOTULINUM TOXIN INJECTIONS
I.196	INTRA ARTICULAR HYALURONATE INJECTIONS FOR OSTEOARTHRITIS
I.198	SLEEP STUDIES
I.199	DRUGS TO TREAT CANCERS WITH OVEREXPRESSED HER-2 PROTEIN
I.209	STEM CELL THERAPY
I.210	ELECTROCONVULSIVE THERAPY (ECT)
I.211	CARDIAC CATHETER ABLATION AS TREATMENT FOR ATRIAL FIBRILLATION
I.212	SYMPATHETIC NERVE BLOCK
I.214	VIRTUAL REALITY-ASSISTED THERAPY & PRESCRIPTION DIGITAL THERAPIES
I.215	INTENSE PULSED LIGHT THERAPY FOR DRY EYES
III.24	ELECTRICAL BONE GROWTH STIMULATION OF THE APPENDICULAR SKELETON AND AS AN ADJUNCT TO A SPINAL FUSION
III.52	PERIURETHRAL INJECTION FOR THE TREATMENT OF URINARY INCONTINENCE
III.62	SURGERIES FOR OBSTRUCTIVE SLEEP APNEA: UVULOPALATOPHARYNGOPLASTY (UPPP), PALATOPHARYNGOPLASTY (PPP), UVULECTOMY, TONSILLECTOMY, ADENOIDECTOMY, NASAL SEPTOPLASTY, LASER-ASSISTED UVULOPALATOPLASTY (LAUP)
III.83	CHARGED-PARTICLE RADIATION, HELIUM ION OR PROTON, AND STEREOTACTIC RADIOSURGERY/ FRACTIONATED STEREOTACTIC RADIOTHERAPY (SRS)/(SRT) AND STEREOTACTIC BODY RADIATION (SBRT)
III.105	PROCEDURES TO TREAT DYSMENORRHEA AND UTERINE FIBROIDS INCLUDING: UTERINE NERVE ABLATION, PRESACRALNEURECTOMY (LUNA), LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS
III.125	MONITORING OF SENSORY EVOKED POTENTIALS
III.139	FETAL SURGERY FOR PRENATALLY DIAGNOSED MALFORMATIONS
III.142	PERCUTANEOUS DISC PROCEDURES, INCLUDING: PERCUTANEOUS LASER DISC DECOMPRESSION (PLDD), PERCUTANEOUS RADIOFREQUENCY DISC DECOMPRESSION, AND PERCUTANEOUS SPINAL DISCECTOMY
III.145	RADIOFREQUENCY AND CRYOSURGICAL ABLATION OF SOLID TUMORS
III.148	TRANSESOPHAGEAL ENDOSCOPIC THERAPIES FOR GASTROESOPHAGEAL REFLUX DISEASE
III.150	EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) FOR PLANTAR FASCIITIS AND OTHER MUSCULOSKELETAL CONDITIONS

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III.158	TOTAL ANKLE REPLACEMENT
III.168	SACROPLASTY
III.170	LUMBAR ARTIFICIAL INTERVERTEBRAL DISCS
III.175	LUNG VOLUME REDUCTION SURGERY / REDUCTION PNEUMOPLASTY AND THORACOSCOPIC LASER ABLATION
III.177	BALLOON SINUS OSTIAL DILATION
III.178	BRONCHIAL THERMOPLASTY
III.179	SEMI-IMPLANTABLE AND FULLY IMPLANTABLE MIDDLE EAR HEARING AIDS
III.181	OVARIAN AND INTERNAL ILIAC VEIN EMBOLIZATION AS A TREATMENT OF PELVIC CONGESTION SYNDROME
III.182	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE
III.183	MAGNETIC ESOPHAGEAL RING TO TREAT GASTROESOPHAGEAL REFLUX DISEASE (GERD)
III.187	NIA – EVOLVENT-INTERVENTIONAL PAIN MANAGEMENT AND CERVICAL/LUMBAR SPINE SURGERY
III.188	AUTOLOGOUS CHONDROCYTE IMPLANTATION FOR FOCAL ARTICULAR CARTILAGE LESIONS
III.189	DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN
III.190	TOTAL KNEE AND HIP REPLACEMENT FOR MUD (PREFIX MET), EHA (PREFIX EHN), BCBSNE EMPLOYEES (PREFIX NEQ) AND INDIVIDUAL ACA (PREFIX YST OR YNQ)
III.191	AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA
III.193	OCCULSION OF UTERINE ARTERIES USING TRANSCATHETER EMBOLIZATION
III.194	ENDOBONCHIAL VALVES
III.195	FECAL MICROBIOTA TRANSPLANTATION
III.196	STENTING FOR ILIAC VEIN COMPRESSION FOR MAY-THURNER SYNDROME
III.197	AXIAL LUMBOSACRAL INTERBODY FUSION
III.198	TRANSGENDER REASSIGNMENT SURGERY
III.199	COCHLEAR IMPLANT
III.202	IMPLANTABLE BONE CONDUCTION & BONE ANCHORED HEARING AIDS
III.203	PERCUTANEOUS LEFT ATRIAL APPENDAGE CLOSURE DEVICE FOR STROKE PREVENTION IN ATRIAL FIBRILLATION
III.204	TRANSANAL ENDOSCOPIC MICROSURGERY
III.205	SATURATION BIOPSY OF THE PROSTATE
III.206	CYTOREDUCTIVE SURGERY & PERIOPERATIVE INTRAPERITONEAL CHEMOTHERAPY FOR SELECT INTRA-OPERATIVE ABDOMINAL AND PELVIC MALIGNANCIES
III.207	SPHENOPALATINE GANGLION BLOCK
III.208	BALLOON EUSTACHIAN TUBOPLASTY
III.209	HYSTERECTOMY
III.210	SINUS SURGERY
III.211	PROPHYLACTIC MASTECTOMY
III.212	BARIATRIC SURGERY
III.213	BREAST REDUCTION
III.214	CAROTID ANGIOPLASTY AND STENTING

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III.215	DEEP BRAIN STIMULATION
III.216	VAGUS NERVE STIMULATION
III.217	GASTRIC STIMULATION
III.218	SPINAL CORD STIMULATOR
III.219	BIVENTRICULAR PACEMAKER WITH AND WITHOUT PACEMAKER
III.220	LEFT VENTRICULAR ASSIST DEVICE(LVAD)
III.221	RADIOFREQUENCY ABLATION OR CRYOABLATION FOR RENAL
III.222	RADIOFREQUENCY ABLATION OR TRANSARTERIAL THERAPY FOR LIVER
III.223	VERTEBROPLASTY/KYPHOPLASTY
III.225	FOCAL TREATMENTS FOR PROSTATE CANCER
III.226	IRREVERSIBLE ELECTROPORATION (NANOKNIFE)
III.227	RESPONSIVE NEUROSTIMULATION
III.228	INTRANASAL CRYOABLATION FOR ALLERGIC AND NON-ALLERGIC RHINITIS
III.229	MICROWAVE ABLATION
III.231	CRANIAL AND AURICULAR ELECTROTHERAPY STIMULATION
III.232	ABLATION OF PERIPHERAL NERVES TO TREAT PAIN
III.233	BENIGN PROSTATIC HYPERPLASIA THERAPY
III.234	INTRAVASCULAR SHOCKWAVE LITHOTRIPSY
III.235	RADIOFREQUENCY ABLATION FOR NASAL VALVE STENOSIS
III.236	PERCUTANEOUS ELECTRICAL NERVE FIELD STIMULATION (PENFS) FOR IBS
III.237	INTRAOSSEOUS RADIOFREQUENCY ABLATION OF THE BASIVERTEBRAL NERVE FOR CHRONIC LOW BACK PAIN
III.238	HIP LABRUM RECONSTRUCTION SURGERY
III.239	LOWER ESOPHAGEAL MYOTOMY FOR TREATMENT OF ACHALASIA
III.240	APHERESIS
III.242	SUBCHONDROPLASTY
III.243	ORTHOGNATHIC SURGERY
III.244	KIDNEY TRANSPLANT
III.245	SMALL BOWEL TRANSPLANT
III.246	LIVER AND COMBINED LIVER-KIDNEY TRANSPLANT
III.247	LUNG AND LOBAR LUNG TRANSPLANT
III.248	ALLOGENEIC PANCREAS TRANSPLANT
III.249	SMALL BOWEL, LIVER AND MULTIVISCERAL TRANSPLANT
III.250	HEART AND LUNG TRANSPLANT
III.251	HEART TRANSPLANT
III.252	HEMATOPOIETIC CELL TRANSPLANTATION FOR PLASMA CELL DYSCRASIAS, INCLUDING MULTIPLE MYELOMA AND POEMS SYNDROME
III.253	ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANTATION FOR MYELODYSPLASTIC SYNDROMES AND MYELOPROLIFERATIVE NEOPLASM

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III.254	HEMATOPOIETIC CELL TRANSPLANTATION FOR CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA
III.255	HEMATOPOIETIC CELL TRANSPLANTATION FOR MISCELLANEOUS SOLID TUMORS IN ADULTS
III.256	HEMATOPOIETIC CELL TRANSPLANTATION FOR ACUTE MYELOID LEUKEMIA
III.257	HEMATOPOIETIC CELL TRANSPLANTATION FOR NON-HODGKIN LYMPHOMAS
III.258	HEMATOPOIETIC CELL TRANSPLANTATION FOR HODGKIN LYMPHOMA
III.259	HEMATOPOIETIC CELL TRANSPLANTATION FOR ACUTE LYMPHOBLASTIC LEUKEMIA
III.260	HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER
III.261	HEMATOPOIETIC CELL TRANSPLANTATION FOR AUTOIMMUNE DISEASES
III.262	HEMATOPOIETIC CELL TRANSPLANTATION FOR CNS EMBRYONAL TUMORS AND EPENDYMOMA
III.263	HEMATOPOIETIC CELL TRANSPLANTATION IN THE TREATMENT OF GERM CELL TUMORS
III.264	HEMATOPOIETIC CELL TRANSPLANTATION FOR CHRONIC MYELOID LEUKEMIA
III.265	HEMATOPOIETIC CELL TRANSPLANTATION FOR SOLID TUMORS OF CHILDHOOD
III.266	HEMATOPOIETIC CELL TRANSPLANTATION FOR PRIMARY AMYLOIDOSIS
III.267	ISLET TRANSPLANTATION
III.269	VERTEBRAL SPINAL CORD TETHERING
III.270	HYDROGEL RECTAL SPACER
III.271	VARICOSE VEINS/VENOUS INSUFFICIENCY OF THE LOWER EXTREMITIES
III.272	TRANSCATHETER AORTIC VALVE REPLACEMENT
III.273	TREATMENT OF LYMPHEDEMA AND LIPEDEMA
IV.51	OPHTHALMOLOGIC TECHNIQUES OF EVALUATING GLAUCOMA
IV.54	MAGNETOENCEPHALOGRAPHY (MEG)/MAGNETIC SOURCE IMAGING (MSI)
IV.62	COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA)
IV.64	MAGNETIC RESONANCE NEUROGRAPHY
IV.65	TOTAL BODY COMPUTED TOMOGRAPHIC (CT) SCREENING
IV.67	TRANSCRANIAL MAGNETIC STIMULATION AS A TREATMENT OF MENTAL ILLNESS AND OTHER BRAIN DISORDERS
IV.72	INTENSITY MODULATED RADIATION THERAPY (IMRT)
IV.73	ULTRASONOGRAPHIC MEASUREMENT OF INTIMAL-MEDIAL THICKNESS AS AN ASSESSMENT OF SUBCLINICAL ATHEROSCLEROSIS
IV.76	ACCELERATED IRRADIATION THERAPY, BRACHYTHERAPY, AND INTRAOPERATIVE RADIATION THERAPY (IORT)

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IV.77	RADIOEMBOLIZATION/SELECTIVE INTERNAL RADIOTHERAPY(SIRT)
IV.78	BONE MINERAL DENSITY MEASUREMENT (DEXA)
IV.79	3-DIMENSIONAL AND 4-DIMENSIONAL FETAL ULTRASOUND
IV.81	RADIOLOGY/IMAGING
IV.83	ONCOLOGIC APPLICATIONS OF PET SCAN
IV.84	MRI – GUIDED FOCUSED ULTRASOUND
V.13	MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS FOR THE PREDICTION OF TYPE 2 DIABETES
V.20	FECAL CALPROTECTIN TESTING
V.21	MEASUREMENT OF SERUM ANTIBODIES TO INFLIXIMAB AND ADALIMUMAB
V.28	SERUM ANTIBODIES FOR THE DIAGNOSIS OF INFLAMMATORY BOWEL DISEASE
V.30	GENETIC TESTING: PRENATAL DIAGNOSIS (via Amniocentesis CVS or PUBS) AND PREGNANCY LOSS
V.31	GENETIC TESTING: PRENATAL AND PRECONCEPTION CARRIER SCREENING
V.35	GENETIC TESTING: HEREDITARY HEARING LOSS
V.36	GENETIC TESTING: EXOME AND GENOME SEQUENCING FOR DIAGNOSIS OF GENETIC DISORDERS
V.39	NERVE FIBER DENSITY TESTING
V.56	GENETIC TESTING: PHARMACOGENETICS
V.57	ONCOLOGY: CANCER SCREENING
V.58	ONCOLOGY: PROGNOSTIC/ALGORITHMIC TESTING
V.59	GENETIC TESTING: HEREDITARY CANCER SUSCEPTIBILITY SYNDROMES
V.60	ONCOLOGY: MOLECULAR ANALYSIS OF SOLID TUMORS AND HEMATOLOGIC MALIGNANCIES
V.61	ONCOLOGY: CIRCULATING TUMOR DNA AND CIRCULATING TUMOR CELLS (LIQUID BIOPSY)
V.62	GENETIC TESTING FOR MULTISYSTEM INHERITED DISORDERS, INTELLECTUAL DISABILITY, AND DEVELOPMENTAL DELAY
V.63	GENETIC TESTING FOR HEMATOLOGIC CONDITIONS (NON-CANCEROUS)
V.65	GENETIC TESTING: EPILEPSY, NEURODEGENERATIVE AND NEUROMUSCULAR DISORDERS
V.66	GENETIC TESTING FOR CARDIAC DISORDERS
V.67	GENETIC TESTING: GASTROINTESTINAL (NON-CANCEROUS)
V.68	GENETIC TESTING: METABOLIC, ENDOCRINE, AND MITOCHONDRIAL DISORDERS
V.69	GENETIC TESTING FOR DISNEY DISORDERS
V.70	GENETIC TESTING: LUNG DISORDERS
V.71	GENETIC TESTING: EYE DISORDERS
V.72	GENETIC TESTING: IMMUNE, AUTOIMMUNE, AND RHEUMATOID DISORDERS
V.73	GENETIC TESTING: AORTOPATHIES AND CONNECTIVE TISSUE DISORDERS

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V.74	GENETIC TESTING: GENERAL APPROACH TO GENETIC TESTING
V.75	PREIMPLANTATION GENETIC TESTING
V.76	GENETIC TESTING: SKELETAL DYSPLASIA AND RARE BONE DISORDERS
V.77	GENETIC TESTING: DERMATOLOGIC CONDITIONS
VI.16	HYPERBARIC OXYGEN PRESSURIZATION AND TOPICAL HYPERBARIC OXYGEN CHAMBER
VII.15	CONTINUOUS PASSIVE MOTION (CPM) DEVICES
VII.35	OSCILLATORY DEVICES FOR THE TREATMENT OF RESPIRATORY DISORDERS
VII.49	SENSORY INTEGRATION THERAPY
VII.51	CONTINUOUS MONITORING OF GLUCOSE IN THE INTERSTITIAL FLUID
VII.65	MICROPROCESSOR-CONTROLLED PROSTHESIS FOR THE LOWER LIMB
VII.67	SPEECH GENERATING DEVICE
VII.68	MYOELECTRIC UPPER LIMB PROSTHESIS
VIII.1	CHAIR, SEAT, LIFT
VIII.3	HOSPITAL BED/SPECIALTY BED
VIII.5	ULTRAVIOLET CABINET
VIII.6	POWER WHEELCHAIR
VIII.7	ADJUSTABLE CRANIAL ORTHOSES FOR POSITIONAL PLAGIOCEPHALY AND CRANIOSYNOSTOSIS
VIII.8	NONINVASIVE POSITIVE AIRWAY PRESSURE DEVICES AND ORAL APPLIANCES
VIII.9	TUMOR-TREATMENT FIELDS THERAPY FOR GLIOBLASTOMA
VIII.10	STANDING FRAMES
VIII.11	ADJUSTABLE BALLOON CONTINENCE DEVICES
VIII.12	SPEECHVIVE
VIII.15	BLOOD KETOGENIC MONITORS
X.	ALL PHARMACY MEDICAL POLICIES

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